

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015349

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 393Primary Registration District No. 1022 Registrar's No. 2403

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN
Kansas City

Length of stay in 1b

3 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION
8847 North Forest

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY
OR
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

8847 North Forest

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JOHNNIE

Middle

EMITT

Last

MASON

4. DATE
OF
DEATH

Month

4

Day

21

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-13-99

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Restaurant Proprietor Restaurants

10b. KIND OF BUSINESS OR INDUSTRY

Platte City, Missouri U.S.A.

13a. FATHER'S NAME

Edward Mason

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Stone

14. NAME OF HUSBAND OR WIFE

Mabel E. Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address K.C. 55, Mo.

Mrs. Mabel E. Mason: 8847 No. Forest

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Arrest

INTERVAL BETWEEN
ONSET AND DEATH

5 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acidosis

48 hrs.

DUE TO (c)

Dehydration + malnutrition

3 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Metastatic Carcinoma of Lung

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 1960 to April 21, 1963 and last saw him alive on 4/13/63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. F. Edwards, Jr. D.O.

22b. ADDRESS

2522 E. Division Rd
Kansas City 18, Missouri

22c. DATE SIGNED

4/23/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-23-63

23c. NAME OF CEMETERY OR CREMATORY

Mount Calvary Cemetery Kansas City, Kansas

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

WEILERT FUNERAL HOMES(S) K.C., MO.

25. DATE RECD. BY LOCAL REG.

4-23-63

26. REGISTRAR'S SIGNATURE

Oruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

L. Edwards

VS 300
Rev. 4/59

1 6008

2 6068

3

4 0

5 1

6

7 0

8 2

9 2865H

10

11

12 90-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John R. Gilman

Licensed Embalmer No. _____

P. O. Address _____

4531

Kansas City, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.